

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

W V D I 1 1 2 7 4 4 5 0 3

Facility Name

Myers Excavating Inc

Waste Activity source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E			
	N	3	R	12/9/92
TSD	E			
	N			
Transporter	E			
	N			
Burner	E			
	N			

Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

IR Inspection report

Revised Notification from the state

Revised Notification from the facility

EPA clean closure certificate

State documentation certifying clean closure

Other

Affidavit from the facility

X Affidavit from the state

Biennial report

Documentation not required

JAN 08 1993

Date to CSC

Batch #

Date QA'd

48

2/1/93



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number													Approved			Date Received (yr. mo. day)				04B				
C	W	V	D	1	1	2	7	4	4	5	0	3	T/A	C				8	9		0	1	1	2
F																								

[illegible]

Street or P.O. Box

6																								
3	2	0	0	9	-	R	P	L	E	A	S	A	N	T	V	A	L	L	E	Y	R	O	A	D

City or Town															State	ZIP Code					
C 4	F	A	I	R	M	O	N	T							W	V	2	6	5	5	4

Street or Route Number

Sheet of Route Number											
6	2009-R	PLEASANT	VALLEY	ROAD							

City or Town															State		ZIP Code			
C 6	FAIRMONT															WV		26554		

Name and Title (last, first, and job title)

[illegible]

A. Name of Installation's Legal Owner

C	M	Y	E	R	S
R	D	A	V	I	D

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo. <div style="text-align: center; font-size: 2em; margin-top: 10px;"> 049 marion </div>	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

David W. Myers

Name and Official Title (type or print)

DAVID W. Myers
President

Date Signed

12/22/88

RECEIVED

DEC 28 1988

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT